

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

FAA Managers Association Inc. PAC

ADDRESS (number and street)

1015 Atlantic Blvd.

Suite 245

☐Check if different  
than previously  
reported. (ACC)

Atlantic Beach

FL

32233

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00366070

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☒October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Daniel R Cunningham

Signature of Treasurer

Electronically Filed by Daniel R Cunningham

Date

08

10

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
FAA Managers Association Inc. PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		74409.44
(b) Cash on Hand at Beginning of Reporting Period .....	83835.85	
(c) Total Receipts (from Line 19) .....	26023.60	74152.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	109859.45	148561.45
7. Total Disbursements (from Line 31) .....	74500.00	113202.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35359.45	35359.45
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

FAA Managers Association Inc. PAC

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y W Y  
2 0 0 6

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10367.00	18507.00
(ii) Unitemized .....	15449.00	54929.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25816.00	73436.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25816.00	73436.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	207.60	716.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26023.60	74152.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26023.60	74152.01

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	202.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	202.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74500.00	108500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	4500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74500.00	113202.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74500.00	113202.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	25816.00	73436.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25816.00	73436.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	202.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	202.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Harold A Albert

Mailing Address 39320 Tollhouse Road

City

Lovettsville

State

VA

Zip Code

20180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4591

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

B.

Full Name (Last, First, Middle Initial)

David H Alford

Mailing Address 19309 Moon Drive

City

Tehachapi

State

CA

Zip Code

93561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4593

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

C.

Full Name (Last, First, Middle Initial)

Thomas P Anderson

Mailing Address 18791 Talarik Drive

City

Eagle River

State

AR

Zip Code

99577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4596

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

420.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Alexander Appelhans, Jr.

Mailing Address 2254 Smallwood Drive

City

Ft. Collins

State

CO

Zip Code

80525-8521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4597

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael A Astorino

Mailing Address 177 Castaway Trail

City

Moorseville

State

NC

Zip Code

28115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4601

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Bert J Barnett

Mailing Address 9460 Live Oak Place #104

City

Ft. Lauderdale

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4612

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Donna L Betz

Mailing Address 5 Bon Ave.

City

Merrimack

State

NH

Zip Code

03054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4617

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Dana T Boucher

Mailing Address 5815 El Monte

City

Fairway

State

KS

Zip Code

66205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4628

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Glenn O Bridgeman, II

Mailing Address 9516 Ballagan Ct

City

Bristow

State

VA

Zip Code

20136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4634

Amount of Each Receipt this Period

20.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Pamela Burger

Mailing Address 9175 Kearny Villa Road

City

San Diego

State

CA

Zip Code

92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4643

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Daniel C Bussey

Mailing Address 4897 Alijoanne Road

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4648

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

John J Cahill

Mailing Address 20 Jennifer Drive

City

Wappingers Falls

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4650

Amount of Each Receipt this Period

84.00

Biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

329.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Norman T Cain

Mailing Address c/o FAA Cedar Rapids ATCT  
9455 Shepard CT SWCity State Zip Code  
Cedar Rapids IA 52404FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4651

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

John J Callahan, Jr.

Mailing Address 38905 Bear Creek

City State Zip Code  
Grafton OH 44044FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4652

Amount of Each Receipt this Period

115.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Mary R Carbonaro

Mailing Address 156 Ridgeland Drive

City State Zip Code  
Amherst OH 44001FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4655

Amount of Each Receipt this Period

85.00

Biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

305.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Randy W Carlson

Mailing Address 12979 North 66th Street

City

Longmont

State

CO

Zip Code

80503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4657

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Marianna M Carnes

Mailing Address 15507 Darrow Road

City

Vermilion

State

OH

Zip Code

44089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4658

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Jacquelyn M Christian

Mailing Address 88 South Bonneymead Circle

City

Woodlands

State

TX

Zip Code

77381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4671

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert M Clyburn

Mailing Address 2341 Dogwood Trail

City

Germantown

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4673

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

David S Conley

Mailing Address 1208 Elwood Road

City

Hammonton

State

NJ

Zip Code

08037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4679

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

James Coschignano, Jr.

Mailing Address 154 Old Country Road

City

Melville

State

NY

Zip Code

11747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4686

Amount of Each Receipt this Period

350.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel R Cunningham

Mailing Address 1015 Atlantic Blvd.  
Suite 245

City State Zip Code  
Atlantic Beach FL 32233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4694

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Jeffery A Cunnyngnam

Mailing Address 3268 Richele Ct.

City State Zip Code  
Chino Hills CA 91709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4695

Amount of Each Receipt this Period

98.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Warren D Davis

Mailing Address 1023 Drexelgate Lane

City State Zip Code  
Upper Marlboro MD 20774

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4700

Amount of Each Receipt this Period

60.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

333.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Brian L Debord

Mailing Address 12868 Levi Road

City

Willis

State

TX

Zip Code

77378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4705

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Robert F Dobbelaar

Mailing Address 869 Flounder Ave.

City

New Symrna Beach

State

FL

Zip Code

32169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4709

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Russell D Emmert

Mailing Address 601 Hudnall CT

City

Keller

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4721

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald D Fedorowicz

Mailing Address 915 Welch Ave.

City

Berthoud

State

CO

Zip Code

80513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4726

Amount of Each Receipt this Period

210.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Robert A Fletcher

Mailing Address 21122 East Mineral Drive

City

Aurora

State

CO

Zip Code

80016-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4730

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Carmine W Gallo

Mailing Address 3147 William St

City

Wantagh

State

NY

Zip Code

11793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4740

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Kari M Gonter

Mailing Address 23810 Green Haven Lane

City

Ramona

State

CA

Zip Code

92065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4751

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Robert C Graham

Mailing Address 2517 18th Street SE

City

Puyallup

State

WA

Zip Code

98374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4754

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Cindy J Greene

Mailing Address 20914 June Court

City

Lakeville

State

MN

Zip Code

55044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.4756

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

420.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Kevin D Haines

Mailing Address 2972 Robyn Dr.

City

North Pole

State

AK

Zip Code

99705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4765

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Joseph J Heilmann

Mailing Address 14525 Bluebird Trail NE

City

Prior Lake

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4772

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Robert P Hildebidle

Mailing Address 237 NW 89th Ave.

City

Coral Springs

State

FL

Zip Code

33071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4780

Amount of Each Receipt this Period

280.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Judy A Holcomb

Mailing Address 304 E. Ponderosa Drive

City State Zip Code  
 Tuttle OK 73089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4783

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Dahlette J Jacob

Mailing Address 6919 Augusta Pines Cove

City State Zip Code  
 Spring TX 77389

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4794

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Keyworth

Mailing Address 4509 Lake Charles Dr.

City State Zip Code  
 Corpus Christi TX 78713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4813

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert R Knight

Mailing Address 17056 Elsinore Dr.

City

Jacksonville

State

FL

Zip Code

32226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4818

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Alan A Kwiatkowski

Mailing Address 23453 Woodview Drive

City

N. Olmstead

State

OH

Zip Code

44070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4826

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

John A Lane

Mailing Address 19938 War Admiral Road

City

Eagle River

State

AK

Zip Code

99577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4829

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Anthony D Manzione

Mailing Address 317 Ashbury Road

City

Winchester

State

VA

Zip Code

22602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4858

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Rhonda T McCarthy

Mailing Address 2470 Flippen Rd.

City

Stockbridge

State

GA

Zip Code

30281-5162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4863

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Robert J McGrath, Jr.

Mailing Address PO Box 1173

City

Fayetteville

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4870

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel P Mullin

Mailing Address 16 Lincoln Circle

City

Ivyland

State

PA

Zip Code

18974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4887

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Arthur T Nash

Mailing Address 2802 Smith Drive

City

Endwell

State

NY

Zip Code

13760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4889

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Rhonda D Oldham

Mailing Address PO Box 461930

City

Aurora

State

CO

Zip Code

80046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4894

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Deborah A Omowale

Mailing Address 2536 High Street

City

Oakland

State

CA

Zip Code

94601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation

Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4897

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Robert H Peck

Mailing Address 22 Walnut Ave.

City

Patchogue

State

NY

Zip Code

11772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation

Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4901

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Lori B Penwell

Mailing Address 9168 N Sacred Sky Pl.

City

Marana

State

AZ

Zip Code

85743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation

Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4903

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark G Phipps

Mailing Address 13493 Falls Drive

City

Broomfield

State

CO

Zip Code

80020-5186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4910

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Deanna L Powell

Mailing Address 38719 Bear Creek

City

Grafton

State

OH

Zip Code

44044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4916

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Ellis L Powell

Mailing Address PO Box 4145

City

Leesburg

State

VA

Zip Code

20177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4917

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark O Ramp

Mailing Address 20510 Ptarmigan Blvd.

City

Eagle River

State

AK

Zip Code

99577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4925

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth L Ray

Mailing Address 724 Chehaw Rd.

City

Griffin

State

GA

Zip Code

30223-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4926

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Billy K Reed

Mailing Address 3020 Old Abilene Ct W

City

Mobie

State

AL

Zip Code

36605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4928

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert J Roane

Mailing Address 7105 Overbrook Dr.

City

Niwot

State

CO

Zip Code

80503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4931

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Carey D Rolofson

Mailing Address 13245 Timber Park Dr.

City

Platte City

State

MT

Zip Code

64079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4935

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

John P Shisler

Mailing Address 1554 Ramae Drive

City

Loveland

State

CO

Zip Code

80537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4951

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

John D Sideris

Mailing Address 4202 Cabarrus Court East

City

Greensboro

State

NC

Zip Code

27407-7350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4953

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Ronald F Singletary

Mailing Address 2221 Rule Ave.

City

Maryland Heights

State

MT

Zip Code

63043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4957

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Stephen L Smith

Mailing Address 17273 Pepperstock Lane

City

Jeffersonton

State

VA

Zip Code

22724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4963

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

John A Taylor

Mailing Address 2404 SW 113 Terrace

City

Oklahoma City

State

OK

Zip Code

73170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4982

Amount of Each Receipt this Period

175.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Anthony C Tisdall

Mailing Address 7609 Bertito Lane

City

Springfield

State

VA

Zip Code

22153-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4990

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Veronica Vaughan

Mailing Address 22 Westover Circle

City

Mays Landing

State

NJ

Zip Code

08330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.4999

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Ralph D Walters

Mailing Address 3500 Cottonwood Circle

City

Longmont

State

CO

Zip Code

80504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.5007

Amount of Each Receipt this Period

280.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Mark D Ward

Mailing Address 507 Morgan Ct

City

Hampton

State

GA

Zip Code

30228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.5008

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Irving E Washington, Jr.

Mailing Address 775 Gateway Dr SE

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.5009

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Terri Lynn Waterman

Mailing Address 8025 NW 124th St

City

Oklahoma City

State

OK

Zip Code

73142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMAOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.5011

Amount of Each Receipt this Period

350.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Robert P Wheeler

Mailing Address 1511 Highland Lakes Dr.

City

Keller

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMAOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.5018

Amount of Each Receipt this Period

210.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Jonathon W White

Mailing Address 1710 Kingsway

City

Oak Grove

State

MT

Zip Code

64075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMAOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Kelley M Wilson

Mailing Address 39524 Denham Dr

City

Palmdale

State

CA

Zip Code

93551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.5027

Amount of Each Receipt this Period

140.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Eugene W Wygal

Mailing Address 1790 Evans Drive S

City

Jacksonville Beach

State

FL

Zip Code

32250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.5034

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Anthony M Wylie

Mailing Address 4921 Hartman Circle

City

Anchorage

State

AK

Zip Code

99507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.5035

Amount of Each Receipt this Period

105.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

10367.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 40

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Family Horizons Credit Union

Mailing Address 6665 E. 21st Street

City

Indianapolis

State

IN

Zip Code

46219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

716.01

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA17.15198

Amount of Each Receipt this Period

207.60

Interest income

**SUBTOTAL** of Receipts This Page (optional) .....

207.60

**TOTAL** This Period (last page this line number only) .....

207.60

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 FAA Managers Association Inc. PAC

<b>A.</b>	<p>Full Name (Last, First, Middle Initial)  <b>BADGER FUND INC., THE</b></p> <hr/> <p>Mailing Address <b>P O Box 373          SUITE 215</b></p> <hr/> <p>City <b>Fairfax Station</b> State <b>VA</b> Zip Code <b>22039</b></p> <hr/> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;"> </span></p> <hr/> <p>Candidate Name <span style="border: 1px solid black; padding: 2px;"> </span> Category/Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼          State: <b>VA</b> District: Leadership PAC</p>	<p><b>Transaction ID:</b> SB23.5086</p> <p>Date of Disbursement  <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2006</span></p> <hr/> <p>Amount of Each Disbursement this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial)  <b>BADGER FUND INC., THE</b></p> <hr/> <p>Mailing Address <b>P O Box 373          SUITE 215</b></p> <hr/> <p>City <b>Fairfax Station</b> State <b>VA</b> Zip Code <b>22039</b></p> <hr/> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;"> </span></p> <hr/> <p>Candidate Name <span style="border: 1px solid black; padding: 2px;"> </span> Category/Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼          State: <b>VA</b> District: Leadership PAC</p>	<p><b>Transaction ID:</b> SB23.5087</p> <p>Date of Disbursement  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2006</span></p> <hr/> <p>Amount of Each Disbursement this Period  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial)  <b>BILL SHUSTER FOR CONGRESS</b></p> <hr/> <p>Mailing Address <b>PO Box 27</b></p> <hr/> <p>City <b>Hollidaysburg</b> State <b>PA</b> Zip Code <b>16648</b></p> <hr/> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;"> </span></p> <hr/> <p>Candidate Name <b>WILLIAM F SHUSTER</b> Category/Type</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼          State: <b>PA</b> District: <b>09</b></p>	<p><b>Transaction ID:</b> SB23.5046</p> <p>Date of Disbursement  <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2006</span></p> <hr/> <p>Amount of Each Disbursement this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**9500.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAA Managers Association Inc. PAC**A.**Full Name (Last, First, Middle Initial)  
BURNS VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name  
CONRAD BURNSCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
joint fund-qualified

State: MT District: 00

Transaction ID: SB23.5084

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	6

Amount of Each Disbursement this Period

5000.00

**B.**Full Name (Last, First, Middle Initial)  
CITIZENS FOR TOM PETRI

Mailing Address P.O. Box 270

City Fond du Lac State WI Zip Code 54936

Purpose of Disbursement

Candidate Name  
TOM PETRICategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 06

Transaction ID: SB23.5058

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	6

Amount of Each Disbursement this Period

2000.00

**C.**Full Name (Last, First, Middle Initial)  
CITIZENS FOR TOM PETRI

Mailing Address P.O. Box 270

City Fond du Lac State WI Zip Code 54936

Purpose of Disbursement

Candidate Name  
TOM PETRICategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 06

Transaction ID: SB23.5079

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

9500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAA Managers Association Inc. PAC**A.** Full Name (Last, First, Middle Initial)  
DAVID DAVIS VICTORY FUND

Mailing Address 2016 NORTHWOOD DRIVE

City JOHNSON CITY State TN Zip Code 37601

Purpose of Disbursement

Candidate Name  
DAVID DAVISCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 01

Transaction ID: SB23.5077

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JIM OBERSTAR

Mailing Address 1017 8th St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name  
JAMES L HON. OBERSTARCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 08

Transaction ID: SB23.5044

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	6

Amount of Each Disbursement this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JIM OBERSTAR

Mailing Address 1017 8th St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name  
JAMES L HON. OBERSTARCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 08

Transaction ID: SB23.5056

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	6

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAA Managers Association Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	<b>Transaction ID:</b> SB23.5040 <b>Date of Disbursement</b>																				
Mailing Address 2345 Grand Suite 2400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	0	6												
City Kansas City State MO Zip Code 64108	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name SAMUEL B 'SAM' GRAVES	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	<b>Transaction ID:</b> SB23.5071 <b>Date of Disbursement</b>																				
Mailing Address 2345 Grand Suite 2400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	6		2	0	0	6												
City Kansas City State MO Zip Code 64108	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name SAMUEL B 'SAM' GRAVES	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HEATHER WILSON FOR CONGRESS	<b>Transaction ID:</b> SB23.5054 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 14070 P.O. BOX 14070	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	0	6												
City ALBUQUERQUE State NM Zip Code 87191	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name HEATHER A WILSON	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAA Managers Association Inc. PAC**A.** Full Name (Last, First, Middle Initial)  
HEATHER WILSON FOR CONGRESSMailing Address P.O. BOX 14070  
P.O. BOX 14070

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement

Candidate Name  
HEATHER A WILSONCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼  
State: NM District: 00

Transaction ID: SB23.5074

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
JUDGE JOHN CARTER FOR CONGRESS COMMITTEE

Mailing Address P O BOX 6930

City ROUND ROCK State TX Zip Code 78683

Purpose of Disbursement

Candidate Name  
JOHN CARTERCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼  
State: TX District: 31

Transaction ID: SB23.5069

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
KAY GRANGER CAMPAIGN FUND

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement

Candidate Name  
KAY GRANGERCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼  
State: TX District: 12

Transaction ID: SB23.5050

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
FAA Managers Association Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MIKE DEWINE FOR US SENATE</b>	<b>Transaction ID:</b> SB23.5038
Mailing Address PO BOX 340188	Date of Disbursement
City COLUMBUS State OH Zip Code 43234	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 6</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name RICHARD MICHAEL DEWINE	<div> <div></div> <div>2500.00</div> </div>
<div> <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: OH District: 00</div> </div>	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN</b>	<b>Transaction ID:</b> SB23.5075
Mailing Address PO BOX 3662	Date of Disbursement
City SEATTLE State WA Zip Code 98124	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 6</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name PATTY MURRAY	<div> <div></div> <div>5000.00</div> </div>
<div> <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: WA District: 00</div> </div>	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PETE DOMENICI</b>	<b>Transaction ID:</b> SB23.5060
Mailing Address POST OFFICE BOX 93656	Date of Disbursement
City ALBUQUERQUE State NM Zip Code 87119	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 6</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name PETE V DOMENICI	<div> <div></div> <div>5000.00</div> </div>
<div> <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: NM District: 00</div> </div>	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**12500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 FAA Managers Association Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS	<b>Transaction ID:</b> SB23.5081 <b>Date of Disbursement</b>
Mailing Address PO Box 26087	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 6</div> </div>
City Las Vegas State NV Zip Code 89126	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name JON SR PORTER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RAY MEIER FOR CONGRESS COMMITTEE	<b>Transaction ID:</b> SB23.5072 <b>Date of Disbursement</b>
Mailing Address PO Box 120	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 6</div> </div>
City Utica State NY Zip Code 13503	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name RAYMOND MEIER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) REGULA FOR CONGRESS COMMITTEE	<b>Transaction ID:</b> SB23.5064 <b>Date of Disbursement</b>
Mailing Address 228 S. Washington St. Ste. 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 6</div> </div>
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name RALPH REGULA	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A. Full Name (Last, First, Middle Initial)  
ROBERT ADERHOLT FOR CONGRESS**Mailing Address P. O. Box 1158  
940 HWY 13

City Haleyville State AL Zip Code 35565

Purpose of Disbursement

Candidate Name  
ROBERT B. ADERHOLTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 04

**Transaction ID:** SB23.5062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	6

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)  
SWEENEY FOR CONGRESS INC**

Mailing Address Post Office Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement

Candidate Name  
JOHN E. SWEENEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 20

**Transaction ID:** SB23.5042

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	6

Amount of Each Disbursement this Period

5000.00

**C. Full Name (Last, First, Middle Initial)  
TALENT FOR SENATE COMMITTEE**

Mailing Address 9467 DIELMAN ROCK ISLAND DRIVE

City SAINT LOUIS State MO Zip Code 63132

Purpose of Disbursement

Candidate Name  
JAMES M TALENTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 02

**Transaction ID:** SB23.15188

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	6

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAA Managers Association Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) TEXANS FOR HENRY BONILLA Mailing Address P.O. Box 17292	<b>Transaction ID:</b> SB23.5083 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6	
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	1		2	0	0	6													
City San Antonio State TX Zip Code 78217 Purpose of Disbursement <input type="text"/> Candidate Name HENRY BONILLA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: TX District: 23 special election	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																				
2500.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA INC Mailing Address PO BOX 1859 City SIOUX FALLS State SD Zip Code 57101 Purpose of Disbursement <input type="text"/> Candidate Name TIM JOHNSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 00	<b>Transaction ID:</b> SB23.5048 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	6	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	0	6													
1500.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) WALSH FOR CONGRESS COMMITTEE Mailing Address 4969 HORIZON TERRACE City SYRACUSE State NY Zip Code 13215 Purpose of Disbursement <input type="text"/> Candidate Name JAMES T WALSH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25	<b>Transaction ID:</b> SB23.15195 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	6	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	0	6													
2500.00																						

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

74500.00